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APPLICANTS

Alexander K. Khaikhahan, Palo Alto, CA;

Andrew G.C. Frazier, Mountain View, CA;

Alan R. Klenk, San Jose, CA; Marc s. Kreidler, Sunnyvale, CA;

Stewart M. Kume, Belmont, CA;

Darrell H. Ogi, Sunnyvale, CA;

Chad C. Roue, Fremont, CA;

Erik J. van der Burg, Sunnyvale, CA;

**** CONTINUING DATA *******This application is a CIP of 09/435,562 11/08/1999 *pending***** FOREIGN APPLICATIONS ********none 60-*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

20995

KNOBBE MARTENS OLSON & BEAR LLP

2040 MAIN STREET

FOURTEENTH FLOOR

IRVINE, CA

92614

TITLE

Adjustable left atrial appendage occlusion device

<p>FILING FEE RECEIVED 1216</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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